

106TH CONGRESS
2D SESSION

H. R. 3519

IN THE SENATE OF THE UNITED STATES

MAY 16, 2000

Received; read twice and referred to the Committee on Foreign Relations

AN ACT

To provide for negotiations for the creation of a trust fund to be administered by the International Bank for Reconstruction and Development or the International Development Association to combat the AIDS epidemic.

1 *Be it enacted by the Senate and House of Representa-*
2 *tives of the United States of America in Congress assembled,*

1 **SECTION 1. SHORT TITLE.**

2 This Act may be cited as the “World Bank AIDS
3 Marshall Plan Trust Fund Act”.

4 **SEC. 2. FINDINGS AND PURPOSES.**

5 (a) FINDINGS.—The Congress finds the following:

6 (1) According to the Surgeon General of the
7 United States, the epidemic of human immuno-
8 deficiency virus/acquired immune deficiency syn-
9 drome (HIV/AIDS) will soon become the worst epi-
10 demic of infectious disease in recorded history,
11 eclipsing both the bubonic plague of the 1300’s and
12 the influenza epidemic of 1918–1919 which killed
13 more than 20,000,000 people worldwide.

14 (2) According to the Joint United Nations Pro-
15 gramme on HIV/AIDS (UNAIDS), 33,600,000 peo-
16 ple in the world today are living with HIV/AIDS, of
17 which approximately 95 percent live in the devel-
18 oping world.

19 (3) UNAIDS data shows that among children
20 age 14 and under worldwide, 3,600,000 have died
21 from AIDS, 1,200,000 are living with the disease;
22 and in one year alone—1999—an estimated 570,000
23 became infected, of which over 90 percent were ba-
24 bies born to HIV-positive women.

25 (4) Although sub-Saharan Africa has only 10
26 percent of the world’s population, it is home to

1 23,300,000—roughly 70 percent—of the world’s
2 HIV/AIDS cases.

3 (5) Worldwide, there have already been an esti-
4 mated 16,300,000 deaths because of HIV/AIDS, of
5 which 13,700,000—over 80 percent—occurred in
6 sub-Saharan Africa.

7 (6) According to testimony by the Office of Na-
8 tional AIDS Policy, an entire generation of children
9 in Africa is in jeopardy, with one-fifth to one-third
10 of all children in some countries already orphaned
11 and the figure estimated to rise to 40,000,000 by
12 2010.

13 (7) The 1999 annual report by the United Na-
14 tions Children’s Fund (UNICEF) states “[t]he
15 number of orphans, particularly in Africa, con-
16 stitutes nothing less than an emergency, requiring
17 an emergency response” and that “finding the re-
18 sources needed to help stabilize the crisis and pro-
19 tect children is a priority that requires urgent action
20 from the international community.”.

21 (8) A 1999 Bureau of the Census report states
22 that the average life expectancy in the Republic of
23 Botswana, the Republic of Zimbabwe, the Kingdom
24 of Swaziland, the Republic of Malawi, and the Re-
25 public of Zambia has decreased from approximately

1 age 65 to approximately age 40—the lowest life ex-
2 pectancy in the world—due to high mortality rates
3 from HIV/AIDS.

4 (9) A January 2000 unclassified United States
5 National Intelligence Estimate (NIE) report on the
6 global infectious disease threat concluded that the
7 economic costs of infectious diseases—especially
8 HIV/AIDS—are already significant and could re-
9 duce GDP by as much as 20 percent or more by
10 2010 in some sub-Saharan African nations.

11 (10) According to the same NIE report, HIV
12 prevalence among militias in Angola and the Demo-
13 cratic Republic of the Congo are estimated at 40 to
14 60 percent, and at 15 to 30 percent in Tanzania.

15 (11) The HIV/AIDS epidemic is of increasing
16 concern in other regions of the world with UNAIDS
17 reporting, for example, that there are 6 million cases
18 in South and South-east Asia, that the rate of HIV
19 infection in the Caribbean is second only to sub-Sa-
20 haran Africa, and that HIV infections have doubled
21 in just two years in the former Soviet Union.

22 (12) Despite the grim statistics on the spread
23 of HIV/AIDS, some developing nations—such as
24 Uganda, Senegal, and Thailand—have implemented

1 prevention programs that have substantially curbed
2 the rate of HIV infection.

3 (13) AIDS, like all diseases, knows no bound-
4 aries, and there is no certitude that the scale of the
5 problem in one continent can be contained within
6 that region.

7 (14) According to a 1999 study prepared by
8 UNAIDS and the Francois-Xavier Bagnoud Center
9 for Health and Human Rights at the Harvard
10 School of Public Health, HIV/AIDS is spreading
11 three times faster than funding available to control
12 the disease.

13 (15) The United Nations Secretary General has
14 stated “[n]o company and no government can take
15 on the challenge of AIDS alone,” and that “what is
16 needed is a new approach to public health—com-
17 bining all available resources, public and private,
18 local and global.”.

19 (16) The World Bank, declaring AIDS not just
20 a public health problem but “the foremost and fast-
21 est-growing threat to development” in Africa, has
22 launched a new strategy for HIV/AIDS in Africa,
23 declaring it a top priority for the Bank on that con-
24 tinent.

1 (17) The World Bank estimates that for Africa
2 alone \$1,000,000,000 to \$2,300,000,000 annually is
3 needed for prevention in contrast to the approxi-
4 mately \$300,000,000 a year in official assistance
5 currently available for HIV/AIDS in Africa.

6 (18) Accordingly, United States financial sup-
7 port for medical research, education, and disease
8 containment as a global strategy has beneficial rami-
9 fications for millions of Americans and their families
10 who are affected by this disease, and the entire pop-
11 ulation which is potentially susceptible.

12 (b) PURPOSES.—The purposes of this Act are to pre-
13 vent the spread of HIV/AIDS and promote its eradication,
14 prevent human suffering, and to mitigate the devastating
15 impact of the disease on economic and human develop-
16 ment, social stability, and security in the developing world,
17 through the creation of a trust fund which is designed
18 to—

19 (1) work with governments, civil society, non-
20 governmental organizations, the Joint United Na-
21 tions Program on HIV/AIDS (UNAIDS), the Inter-
22 national Partnership Against AIDS in Africa, other
23 international organizations, donor agencies, and the
24 private sector to intensify action against the HIV/
25 AIDS epidemic and to support essential field work

1 in the most affected countries to assist in the devel-
2 opment of AIDS vaccines; and

3 (2) seek to leverage financial commitments by
4 the United States in order to mobilize additional re-
5 sources from other donors, the private sector, non-
6 governmental organizations, and recipient countries
7 to combat the spread of HIV/AIDS.

8 **TITLE I—NEGOTIATIONS FOR**
9 **THE CREATION OF A WORLD**
10 **BANK AIDS TRUST FUND**

11 **SEC. 101. TRUST FUND TO ASSIST IN HIV/AIDS PREVEN-**
12 **TION, CARE AND TREATMENT, AND ERADI-**
13 **CATION.**

14 The Secretary of the Treasury shall seek to enter into
15 negotiations with the International Bank for Reconstruc-
16 tion and Development or the International Development
17 Association, and with the member nations of such institu-
18 tions and with other interested parties for the creation of
19 a trust fund which would be authorized to solicit and ac-
20 cept contributions from governments, the private sector,
21 and nongovernmental entities of all kinds and use the con-
22 tributions to address the HIV/AIDS epidemic in countries
23 eligible to borrow from such institutions, as follows:

24 (1) **PROGRAM OBJECTIVES.**—The trust fund
25 would provide only grants, including grants for tech-

1 nical assistance, to support measures to build local
2 capacity in national and local government, civil soci-
3 ety, and the private sector to lead and implement ef-
4 fective and affordable HIV/AIDS prevention, edu-
5 cation, treatment and care services, and research
6 and development activities, including affordable
7 drugs. Among the activities the trust fund would
8 provide grants for would be programs to promote
9 best practices in prevention, including health edu-
10 cation messages that emphasize risk avoidance;
11 measures to ensure a safe blood supply; voluntary
12 HIV/AIDS testing and counseling; measures to stop
13 mother-to-child transmission of HIV/AIDS, includ-
14 ing through diagnosis of pregnant women, access to
15 cost-effective treatment and counseling and access to
16 infant formula or other alternatives for infant feed-
17 ing; and deterrence of gender-based violence and
18 provision of post-exposure prophylaxis to victims of
19 rape and sexual assault. In carrying out these objec-
20 tives, the trust fund would coordinate its activities
21 with governments, civil society, nongovernmental or-
22 ganizations, the Joint United Nations Program on
23 HIV/AIDS (UNAIDS), the International Partner-
24 ship Against AIDS in Africa, other international or-

ganizations, the private sector, and donor agencies working to combat the HIV/AIDS crisis.

(2) PRIORITY.—In providing such grants, the trust fund would give priority to countries that have the highest HIV/AIDS prevalence rate or are at risk of having a high HIV/AIDS prevalence rate, and that have or agree to carry out a national HIV/AIDS program which—

(A) has a government commitment at the highest level and multiple partnerships with civil society and the private sector;

(B) invests early in effective prevention efforts;

(C) requires cooperation and collaboration among many different groups and sectors, including those who are most affected by the epidemic, religious and community leaders, non-governmental organizations, researchers and health professionals, and the private sector;

(D) is decentralized and uses participatory approaches to bring prevention care programs to national scale; and

(E) is characterized by community participation in government policymaking as well as design and implementation of the program, in-

cluding implementation of such programs by people living with HIV/AIDS, nongovernmental organizations, civil society, and the private sector.

(3) GOVERNANCE.—

(A) IN GENERAL.—The trust fund would be administered as a trust fund of the International Bank for Reconstruction and Development. Subject to general policy guidance from the President of the United States and representatives of the other donors to the trust fund, the Trustee would be responsible for managing the day-to-day operations of the trust fund.

(B) SELECTION OF PROJECTS AND RECIPIENTS.—In consultation with the President and other donors to the trust fund, the Trustee would establish criteria, that have been agreed on by the donors, for the selection of projects to receive support from the trust fund, standards and criteria regarding qualifications of recipients of such support, as well as such rules and procedures as would be necessary for cost-effective management of the trust fund. The trust fund would not make grants for the pur-

pose of project development associated with bilateral or multilateral development bank loans.

(C) TRANSPARENCY OF OPERATIONS.—

The Trustee shall ensure full and prompt public disclosure of the proposed objectives, financial organization, and operations of the trust fund.

(D) ADVISORY BOARD.—

(i) APPOINTMENT.—The President of the United States and representatives of other participating donors to the trust fund would establish an Advisory Board, and appoint to the Advisory Board renowned and distinguished international leaders who have demonstrated integrity and knowledge of issues relating to development, health care (especially HIV/AIDS), and Africa.

(ii) DUTIES.—The Advisory Board would, in consultation with other international experts in related fields (including scientists, researchers, and doctors), advise and provide guidance for the trust fund on the development and implementation of the projects receiving support from the trust fund. Once the Advisory Board is estab-

lished, the Secretary of the Treasury shall ensure that the Trustee provides the Advisory Board complete access to all information and documents of the trust fund necessary to the effective functioning of the Advisory Board.

TITLE II—UNITED STATES FINANCIAL PARTICIPATION

SEC. 201. LIMITATIONS ON AUTHORIZATION OF APPROPRIATIONS.

In addition to any other funds authorized to be appropriated for multilateral or bilateral programs related to AIDS or economic development, there are authorized to be appropriated to the Secretary of the Treasury \$100,000,000 for each of fiscal years 2001 through 2005 for payment to the trust fund established as a result of negotiations entered into pursuant to section 101.

TITLE III—REPORTS

SEC. 301. REPORTS TO THE CONGRESS.

(a) ANNUAL REPORTS.—Not later than 1 year after the date of the enactment of this Act, and annually thereafter for the duration of the trust fund established pursuant to section 101, the Secretary of the Treasury shall submit to the appropriate committees of the Congress a written report on the trust fund, the goals of the trust

1 fund, the programs, projects, and activities, including any
 2 vaccination approaches, supported by the trust fund, and
 3 the effectiveness of such programs, projects, and activities
 4 in reducing the worldwide spread of AIDS.

5 (b) APPROPRIATE COMMITTEES DEFINED.—In sub-
 6 section (a), the term “appropriate committees” means the
 7 Committees on Appropriations, on International Rela-
 8 tions, and on Banking and Financial Services of the
 9 House of Representatives and the Committees on Appro-
 10 priations, on Foreign Relations, and on Banking, Hous-
 11 ing, and Urban Affairs of the Senate.

12 **TITLE IV—HIV/AIDS**

13 **PREVENTION AND CARE**

14 **SEC. 401. STRENGTHENING LOCAL CAPACITY IN SUB-SAHA-**
 15 **RAN AFRICA TO IMPLEMENT HIV/AIDS PRE-**
 16 **VENTION AND CARE PROGRAMS.**

17 Title XVI of the International Financial Institutions
 18 Act (22 U.S.C. 262p—262p-7) is amended by adding at
 19 the end the following:

20 **“SEC. 1625. STRENGTHENING LOCAL CAPACITY IN SUB-SA-**
 21 **HARAN AFRICA TO IMPLEMENT HIV/AIDS**
 22 **PREVENTION AND CARE PROGRAMS.**

23 “The Secretary of the Treasury shall instruct the
 24 United States Executive Director at the International
 25 Bank for Reconstruction and Development to use the voice

1 and vote of the United States to encourage the Bank to
2 work with sub-Saharan African countries to modify
3 projects financed by the Bank and develop new projects
4 to build local capacity to manage and implement programs
5 for the prevention of human immunodeficiency virus
6 (HIV) and acquired immune deficiency syndrome (AIDS)
7 and the care of persons with HIV/AIDS, including
8 through health care delivery mechanisms which facilitate
9 the distribution of affordable drugs for persons infected
10 with HIV.”.

Passed the House of Representatives May 15, 2000.

Attest:

JEFF TRANDAHL,

Clerk.